PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 16 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1 Corporation Name

THE 4545 INC M54803

Principal Place of Business: 613 SE 35 Street, Cape Coral Fl 33904

Mailing Address: P.O BOX 1335, Cape Coral Fl 33910

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable: 613 SE 35 Street
Suite, Apt #, etc:
City & State: Cape Coral Fl
Zip: 33904 Country: Lee

3. New Mailing Address, If Applicable: P-O BOX 1335
Suite, Apt. #, etc.:
City & State: Cape Coral Fl
Zip: 33910 Country: Lee

4. Date Incorporated or Qualified To Do Business in Florida: 06/30/1987

5. FEI Number: 59-2062177 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JOSE A SENDRA	613 SE 35 Street	Cape Coral Fl 33904
P	Jose A SENDRA	613 SE 35 Street	Cape Coral Fl 33904
ST	Jose A SENDRA	613 SE 35 Street	Cape Coral Fl 33904
			200002033282--9 -12/19/96--01015--004 ****375.00 ****375.00
			JB 12-17-96

8. Name and Address of Current Registered Agent
JOSE A. Sendra
613 SE 35 Street
Cape Coral Fl 33904

9. Name and Address of New Registered Agent
Name: Jose A SENDRA
Street Address (P.O. Box Number is Not Acceptable): 613 SE 35 Street
Suite, Apt. #, Etc.:
City: Cape Coral Fl 33904 State: FL Zip Code:

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: J. A. Sendra — REGISTERED AGENT MUST SIGN
Date: 12-1-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: J. A. Sendra J. A. SENDRA — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/1/96
Daytime Phone #: 941-5497757